

**FILED**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS

EC APR -9 2021

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURTRyan Alton  
(full name of plaintiff or petitioner)

vs.

APPLICATION TO PROCEED  
WITHOUT PREPAYING FEES OR  
COSTS / FINANCIAL AFFIDAVIT  
(NON-PRISONER CASE)

Case number: 21C191

City of Bolingbrook IL  
(full name of defendant(s) or respondent(s))  
any responsible Deputy's that  
maybe involved**Instructions:** Please answer every question. Do not leave blanks.  
If the answer is "0" or "none," say so.**Application:** I am one of the parties in this case. I believe that I am entitled to the relief I am  
requesting in this case. I am providing the following information under penalty of perjury in support of  
my request (check all that apply):

- ☒ to proceed in forma pauperis (IFP) (without prepaying fees or costs)
- ☐ to request an attorney

1. Are you employed?☐ Yes Name and address of employer: \_\_\_\_\_

Total amount of monthly take-home pay: \_\_\_\_\_

☒ No Date(s) of last employment: 5/2020 Last monthly take-home pay: \$1,200.002. If married, is your spouse employed? ☒ Not married☐ Yes Name and address of spouse's employer: \_\_\_\_\_

Total amount of spouse's monthly take-home pay: \_\_\_\_\_

☐ No Date(s) of spouse's last employment: \_\_\_\_\_ Spouse's last monthly take-home pay: \_\_\_\_\_3. Other sources of income / money: For the past 12 months, list the amount of money that you and/or  
your spouse have received from any of the following sources:

Self-employment, business, or profession:

Income from interest or dividends:

Income from rent payments:

Pensions, annuities, or life insurance:

Disability or worker's compensation:

Gifts (including deposits into any accounts in your name):

Unemployment, public assistance, or welfare:

Settlements or judgments (include any that are expected):

Any other source of money:

(list the 12-month total for each)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ 6,000 unemployment \$250 bi/week

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ 120 food stamps

4. Cash and bank accounts: Do you and/or your spouse have any money in cash or in a checking or savings account? ☐ Yes ☒ No If yes, how much? \_\_\_\_\_

5. Other assets: Do you and/or your spouse own or have an interest in any real estate (including your home), stocks, bonds, other securities, retirement plans, automobiles, jewelry, or other valuable property (not including ordinary household furnishings and clothing)? ☐ Yes ☒ No

If yes, list each item of property and state its approximate value:

\_\_\_\_\_  
\_\_\_\_\_

6. Dependents: Is anyone dependent on you and/or your spouse for support? ☐ Yes ☒ No

If yes, please list their names (for minor children, use only initials); relationship to you; and how much you and/or your spouse contribute toward their support each month:

\_\_\_\_\_  
\_\_\_\_\_

7. Debts and financial obligations: List any amounts you owe to others:

As far as I know I don't have any debt

or financial obligations

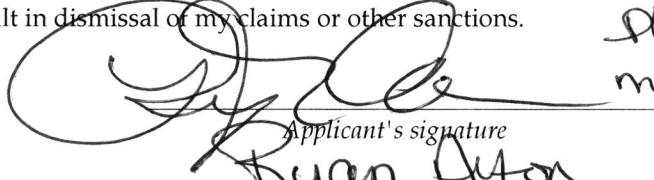
8. Provide any other information that will help explain why you cannot afford to pay court fees / hire an attorney:

We haven't worked in over a year and  
I'm struggling to even maintain basic needs  
on a monthly basis. I take care of my cat  
which cost \$200.00 a month for her care.

Declaration: I declare under penalty of perjury that all of the information listed above is true and correct.

I understand that a false statement may result in dismissal of my claims or other sanctions.

Date: \_\_\_\_\_

  
Applicant's signature  
Ryan Dixon  
Printed name

Plus  
medical  
bills